

FILED JAN 11 1951

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39741

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>	
c. LENGTH OF STAY (in this place) <u>18 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>811 S. JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAKER NURSING HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>PATRICK</u>	
c. (Last) <u>QUINNAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 25, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 3, 1865</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>MIKE QUINNAN</u>	
14. MOTHER'S MAIDEN NAME <u>Rose McConnell</u>		15. NAME OF HUSBAND OR WIFE _____	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		17. SOCIAL SECURITY NO. _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES* Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Secondary anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>3 yrs.</u> <u>3 yrs.</u>		21. DATE OF OPERATION <u>none</u>	
22. MAJOR FINDINGS OF OPERATION <u>none</u>		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>none</u>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		27. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 7/15, 1948 to 12/15, 1950, that I last saw the deceased alive on 12/15, 1950, and that death occurred at 5:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. L. Dwyer, M.D. 23b. ADDRESS Mexico, Mo. 23c. DATE SIGNED 12/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 12-22-50 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Mexico, Mo.

DATE REC'D BY LOCAL REG. Dec 27-1950 REGISTRAR'S SIGNATURE Blanche Kelly 25. FUNERAL DIRECTOR'S SIGNATURE Chas. L. Dwyer ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-35
Date Filed: JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 3569

P. O. Address. *Minneapolis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.